

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/07/2011	
NAME OF PROVIDER OR SUPPLIER SYCAMORE SPRINGS REHABILITATION CENTRE				STREET ADDRESS, CITY, STATE, ZIP CODE 215 W HIGH ST LIBERTY, IN47353			
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: April 4, 5, 6, 7, 2011</p> <p>Facility number: 000510 Provider number: 155507 AIM number: 100285440</p> <p>Survey team: Leslie Parrett, RN- TC Sharon Lasher, RN Angel Tomlinson, RN</p> <p>Census bed type: SNF/NF: 31 Total: 31</p> <p>Census payor type: Medicare: 5 Medicaid: 20 Other: 6 Total: 31</p> <p>Sample: 10</p> <p>These deficiencies also reflect state findings cited in accordance with</p>			F0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed the plan of correction for the survey ending April 7, 2011. Due to the low scope and severity of the survey findings, please also find enclosed sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/04/2011

FORM APPROVED

OMB NO. 0938-0391

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F0272	<p>410 IAC 16.2.</p> <p>Quality review completed on April 14, 2011 by Bev Faulkner, RN</p> <p>The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the RAI specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed through the resident assessment protocols; and Documentation of participation in</p>						

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SS=D	<p>assessment.</p> <p>Based on observation, interview and record review, the facility failed to assess a resident for 2 days after a chest x-ray indicated a infiltrate (biological substance generally not found in the lung that could be pneumonia) in her lung resulting in the resident being admitted to the hospital 3 days later with pneumonia for 1 of 6 residents reviewed for thorough assessments in the sample of 10. (Resident #19)</p> <p>Findings include:</p> <p>The record of Resident #19 was reviewed on 4/5/11 at 10:15 a.m. Resident #19's diagnoses included but were not limited to, methotrexate lung (methotrexate, a medication that can cause a lung reaction similar to pneumonia), congestive heart failure, history of pulmonary emboli (blood clot in lung) chronic obstructive pulmonary disease, Pickwickian syndrome (obesity and decreased</p>			F0272	<p>PLEASE NOTE THAT THE FACILITY IS REQUESTING INFORMAL DISPUTE RESOLUTION - PAPER REVIEW FOR THIS TAG. THE REQUEST AND RELATED DOCUMENTS ARE ATTACHED.F272 Comprehensive Assessment The facility will ensure this requirement is met through the following:1. Resident #19 was not harmed. She continues to be monitored and any pertinent information provided to her physician as required.2. All residents have the potential to be affected. Head to toe assessments were completed to ensure any change in condition of a resident was followed up on.3. The 24 hour condition report procedure and the nursing department charting procedure were reviewed with no changes made (see attachment A). Nursing staff were in-serviced on the above procedure.4. The DON or designee will review nursing notes daily to ensure all change in condition of a resident is followed up with until issue is resolved and utilize the nursing monitoring tool (see attachment B) to document their findings daily times four weeks, then weekly thereafter. The audits will be reviewed during the facility's quarterly quality assurance meeting and plan of action adjusted accordingly.5. The above corrective measures will be</p>		04/08/2011

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	<p>pulmonary function), rheumatoid arthritis and respiratory failure.</p> <p>On 4/5/11 at 10:25 a.m., Resident #19 was observed in bed with the head of her bed up. Resident #19 had a Ventura mask (high flow oxygen therapy device) over her tracheotomy (trach) at 35% oxygen.</p> <p>Resident #19's Minimum Data Set (MDS), assessment, dated 1/12/11, indicated Resident #19 makes herself understood, understands others and can repeat 3 words after the first attempt.</p> <p>Resident #19 was on the facility's alert, oriented and reliable list provided by the Administrator on 4/4/11 at 11:55 a.m.</p> <p>Resident #19's physician's recapitulation orders, dated 3/11, indicated "Ventura mask to trach collar @ 35%."</p> <p>Resident #19's admission hospital notes, dated 2/21/11, indicated the</p>				completed on or before April 8, 2011.		

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	<p>following: "history of presenting illness, "...female with a history of methotrexate lung and Pickwickian syndrome who was found to have an oxygen saturation of 70% yesterday. The patient reports that she has been feeling unwell for the last two to three days. She has had quite a bit of thick mucous plugging and unable to get her secretions out. Her shortness of breath has not worsened. She is normally always short of breath. however, when her oxygen desaturated down to 70% yesterday, she became worried and asked to be transferred to the hospital. She had a chest x-ray done on February 18th, which showed a right lower lobe infiltrate. She had not been started on any antibiotics as of yet. General: Alert and in mild respiratory distress. Still able to speak in full sentences via a talking trachea. audible, expiratory wheezes.</p> <p>Chest: Decreased breath sounds throughout anteriorly with expiratory wheezes throughout.</p>						

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	<p>Assessment and plan: ...female with acute on chronic respiratory failure secondary to healthcare associated pneumonia. Acute on chronic respiratory failure from healthcare associated pneumonia. The patient has been placed onto healthcare associated pneumonia protocol.</p> <p>Review of her chart shows that she has had multiple admissions for respiratory failure, pneumonia and pulmonary emboli."</p> <p>Resident #19's chest x-ray, dated 2/4/11, after antibiotic therapy completed on 1/15/11 indicated no infiltrates. Resident #19's chest x-ray, dated 2/18/11, indicated "there is modest infiltrate in the right lower lobe with pleural effusions (excess fluid that accumulates in the pleural cavity, the fluid-filled space that surrounds the lung)."</p> <p>Interview with Resident #19's physician on 4/5/11 at 2:10 p.m., indicated Resident #19 had</p>						

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	<p>completed antibiotics on 1/15/11 for an upper respiratory infection and when the chest x-ray on 2/18/11 indicated an infiltrate the nurse practitioner on call probably did not treat the infiltrate until the clinical picture of Resident #19 was observed.</p> <p>Interview with staff LPN #5 on 4/5/11 at 2:20 p.m., indicated on 2/18/11 a fax was sent to the physician informing the physician of the results of the chest x-ray but there was not a return call or fax from the physician. She also indicated Resident #19 was not started on antibiotics until she was in the hospital.</p> <p>Resident #19's nursing notes indicated the following: - 2/21/11 at 3:00 a.m., ...respirations 24, heart rate 90, oxygen saturation 70-80% on 5 liters via trach, suctioned, assisted with breathing techniques and pursed lip breathing - 2/21/11 at 3:20 a.m., oxygen</p>						

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	<p>saturation 70% on 5 liters oxygen via trach, per her request called on call (physician's name) send to emergency room</p> <p>- 2/21/11 at 11:00 a.m., admitted at 4:19 a.m., to (local hospital) for pneumonia and on continuous pulse oximeter per nurse at hospital</p> <p>Interview with Resident #19 on 4/6/11 at 2:00 p.m., indicated she had not been feeling well for 2 or 3 days before the night she asked the nurse to call the ambulance when her oxygen saturation was down to 70%. She stated "I was so short of breath it scared me and I was coughing a lot and that happens when my oxygen saturation gets real low. I know from having this problem so long I start coughing a lot more when my saturations get low."</p> <p>Interview with Corporate Nurse on 4/5/11 at 3:00 p.m., indicated there was no documentation of a lung assessment, vital signs or oxygen saturations on Resident #19 on</p>						

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	2/18/11 or 2/19/11 after the results of the chest x-ray on 2/18/11. Interview with the Corporate Nurse on 4/6/11 at 12:30 p.m., indicated the facility had a policy that supported not treating pneumonia on a chest x-ray alone and the facility did not receive orders for an antibiotic after the chest x-ray on 2/18/11 when the physician did not return a call after the fax was sent regarding the infiltrate of the right lower lobe of her lung. She stated "(Resident #19) did not need to be placed on an antibiotic since she did not show other symptoms of pneumonia except the abnormal chest x-ray." 3.1-31(a)(1)						

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F0314	Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.						
SS=D	Based on observation, interview and record review, the facility failed to provide incontinence care to resident with a pressure area in an manner as not to contaminate the pressure area and failed to provide a pressure relieving device in the resident's geri			F0314	F314 Prevention/Treatment of Pressure UlcersThe facility will ensure this requirement is met through the following:1. Resident #25 was not harmed. He was re-cleaned once brought to facility staff attention and a cushion was placed in his chair. It had been removed to be cleaned.2. All residents have the potential to be affected. An audit was conducted to ensure all pressure reducing devices were in place for each resident. See below for corrective measures related to		04/08/2011

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	<p>chair for 1 of 2 residents reviewed for pressure ulcer treatment and care in a total sample of 10 (Resident # 25).</p> <p>Finding include:</p> <p>Review of the record of Resident #25 on 4-4-11 at 11:25 a.m., indicated the resident's diagnoses included, but were not limited to, depression, chronic pain, osteoporosis, mild mental retardation, epilepsy, anxiety and severe debilitation.</p> <p>The physician recapitulation for Resident #25, dated March 2011, indicated the resident was ordered a pressure relieving device in the chair and Calmoseptine ointment</p>				<p>the provision of incontinence care. 3. The policy and procedure on peri-care and the skin management program were reviewed with no changes made. (See attachment C and D) Nursing staff were in-serviced on the above procedure. 4. The DON or designee will conduct peri-care observations (See attachment C) on 3 residents five (5) times weekly for four weeks, then weekly for 4 weeks, then monthly for 2 months then quarterly thereafter. The DON or her designee will monitor to ensure all pressure reducing devices are in place for each resident daily times four weeks, then weekly times four weeks, then monthly times two months, then quarterly thereafter (See attachment D). The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of action adjusted accordingly. 5. The above corrective measures will be completed on or before April 8, 2011.</p>		

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	<p>applied to the buttocks every shift.</p> <p>The Minimum Data Set (MDS) assessment for Resident #25, dated 3-17-11, indicated the following: cognitive skills for daily decision making- severely impaired, bed mobility- total dependence of two people, transfer- total dependence of two people, walk in room- did not occur, dressing- total dependence of two people, eating- total dependence of one person, toilet use- total dependence of two people, personal hygiene- total dependence of one person, urinary and bowel continence- always incontinent, infections- urinary tract infection in the last 30 days, stage II pressure area ("Partial thickness loss of dermis presenting as a shallow</p>						

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	<p>open ulcer with a pink or red wound bed, without slough. May also present as an intact or open/ruptured blister.") and skin and ulcer treatment-pressure reducing device for chair and bed.</p> <p>The care plan for Resident #25, dated 4-4-11, indicated the resident had a open area on the left buttock. The interventions included, but were not limited to, provide pressure relieving devices to reduce pressure to affected area and Calmoseptine every shift.</p> <p>The Pressure Ulcer Flowsheet for Resident #25, dated 4-4-11, indicated the resident acquired a Stage II pressure ulcer measuring 1.0 centimeter (cm) by 0.8 cm on left buttock that was pink/beefy red.</p>						

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	<p>The Pressure Ulcer Flowsheet for Resident #25, dated 4-5-11, indicated the resident acquired a stage II pressure ulcer measuring 5.0 cm by 4.8 cm on left buttock that was pink/beefy red with a small amount of blood.</p> <p>The Avoidability Evaluation of Pressure Ulcer document for Resident #25, dated 4-5-11, indicated the resident was terminally ill, semi comatose with life sustaining measures withdrawn. The location of the ulcer was left and right buttocks. The date of occurrence was 2-25-11 to current. The resident had continuous urinary incontinence or chronic dysfunction, chronic bowel incontinence and paraplegia.</p>						

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	<p>The resident was receiving routine preventative skin care currently and before breakdown occurred. The resident had been treated repeatedly for ulcers in these areas, they have healed and come back. The resident does not tolerate most treatments due to poor skin integrity and allergies. The document was signed by the wound care nurse and the physician.</p> <p>During observation on 4-5-11 at 9:30 a.m., Resident #25 was sitting in an geri chair with no pressure relieving device.</p> <p>During observation on 4-5-11 at 9:50 a.m., CNA #1 and CNA #2 transferred Resident #25 from the geri chair to the bed using an Hoyer lift. Interview with CNA #1 and CNA #2, at</p>						

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	<p>this time, indicated the resident did not have a pressure relieving device in the geri chair and they had never seen a pressure relieving device in this resident's geri chair. CNA #1 and CNA #2 indicated it was not marked on the CNA assignment sheet that the resident was to have a pressure relieving device on the geri chair. CNA # 2 indicated they got the resident up between 7:15 a.m. and 7:30 a.m., on this morning. CNA #1 and CNA #2 washed their hands and put gloves on, got a wash basin with water and baby soap. CNA #1 indicated they wash Resident #25 with baby soap because the resident's skin was very sensitive. CNA #1 began cleaning the resident's labia from front to back and then washed the creases between the</p>						

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	resident's thighs with soap and water. The resident had soft brown stool between the creases of the thighs. CNA #1 then began drying the resident off. When queried if the baby soap being used required rinsing CNA #1 picked up the baby soap and indicated that it did need to be rinsed off. CNA #1 then rinsed the resident off and patted the resident dry. CNA #1 and CNA#2 turned the resident on to the left side and CNA #1 began cleaning the resident's anal area, the resident had a large amount of brown soft stool and continued to have a bowel movement during the care. It was observed the resident had a pink open area the size of a dime and small pink pin point open area on the left buttocks. CNA #1 continuously ran the soapy						

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	<p>washcloth from the resident's anus over the two open areas with same washcloths. CNA #1 then rinsed the resident's anal area and open areas off with same washcloth and patted the resident dry. When queried if the two open areas usually had a treatment on them CNA #1 indicated they usually did and they would notify the nurse that there was not one on the areas. During incontinence care, CNA #1 did not change the water basin water, wash her hands or change gloves. The wound care nurse came into Resident #25's bedroom at 10:15 a.m., and indicated she would have the resident's nurse come down and apply Calmoseptine ointment on the resident. The wound care nurse indicated Resident #25 should have had a pressure relieving cushion in the geri</p>						

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	<p>chair and the reason it may not have been in the chair was because the resident was incontinent a lot and the cushion had to be changed a lot.</p> <p>During observation on 4-5-11 at 10:25 a.m., the wound care nurse put a pressure relieving device on Resident #25's geri chair. The wound care nurse indicated RN #3 was coming down to clean the wound and put the Calmoseptine ointment on.</p> <p>During observation on 4-5-11 at 10:25 a.m., RN #3 and CNA #4 came into Resident #25's room, the wound care nurse was remained in the room during the care. RN #3 washed her hands and put on gloves. CNA #4 put on gloves. RN #3</p>						

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	<p>indicated the resident had urinated and went into the bathroom and wet several wash cloths. RN #3 began wiping the resident's vagina area with the wet wash cloths and placing the used wash cloths on the resident's bedside table. RN #3 and CNA #4 then assisted the resident to the left side and RN #3 then began wiping the resident's anal area and pressure areas with the wet wash cloths. The resident continued to have soft brown stool during the care. RN #3 placed the soiled washcloths on the resident's bedside table. When queried why soap and water was not being used to clean the resident, RN #3 indicated she was going to use the Carraklenz Dermal Cleaner to clean the resident's bottom and was trying to get the bowel</p>						

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	<p>movement cleaned up first. RN #3 then began wiping the resident's bottom and pressure area with 4 x 4 gauze and the Carraklenz Dermal Cleaner and applied Calmoseptine ointment to the open areas with a 4 x 4 gauze. When queried about the resident using a special soap for sensitive skin, the wound nurse went and got wet wash cloths and the resident's baby soap and handed them to RN #3. RN #3 did not wash her hands or change gloves during this care observation.</p> <p>Interview with CNA #1 on 4-5-11 at 2:40 p.m., indicated she was aware that she had cleaned Resident #25's bottom and pressure areas with the same wash cloth. CNA #1 indicated she knew she had</p>						

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	<p>done the care wrong. CNA #1 indicated she did feel like she was trained on how to clean a resident appropriately with a pressure area, but the situation with Resident #25 was difficult and she was trying to hold the resident to the side and clean the resident at the same time.</p> <p>Interview with the Wound Care Nurse on 4-5-11 at 4:30 a.m., indicated the small pink pin point area on Resident #25's buttock was caused by friction from the wash cloths and the resident's skin being so sensitive. The wound care nurse indicated the area was not caused by pressure and she was going to order special cleaning cloths for the resident.</p> <p>The "skin management program" provided by the</p>						

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	Administrator on 4-6-11 at 9:30 a.m., indicated "It is our policy to assess for and reduce risk factors that may contribute to the development of pressure ulcers and other skin alterations unless the individual's condition demonstrates that the development is clinically unavoidable." "Interventions will be implemented according to the individual resident's risk factors that will best reduce the risk of development of pressure ulcers and/or promote the most effective healing of existing areas." "Prevention and treatment interventions will include, but are not limited to the following major categories: nutritional support; product availability; assistance with mobility and hygiene; physical or occupational therapy; restorative nursing and						

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F0315	<p>physician consultation."</p> <p>3.1-40(a)(2)</p>						
SS=D	<p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based on observation, interview and record review, the facility failed to provide incontinence care in a manner that prevents infection and failed to provide the resident with clean and sanitary incontinence care for 2 of 3</p>			F0315	<p>F315 Indwelling CathetersThe facility will ensure this requirement is met through the following:1. Resident #25 was not harmed and was re-cleaned appropriately when brought to the facility's attention.2. All residents requiring assistance with incontinence care have the potential to be affected. See below for corrective measures.3. The policy and procedure for peri-care was reviewed and no changes made. (See attachment</p>		04/08/2011

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	<p>observations for 1 resident in the sample of 10 (Resident #25).</p> <p>Findings include:</p> <p>Review of the record of Resident #25 on 4-4-11 at 11:25 a.m., indicated the resident's diagnoses included, but were not limited to, depression, chronic pain, osteoporosis, mild mental retardation, epilepsy, anxiety and severe debilitation.</p> <p>The Minimum Data Set (MDS) assessment for Resident #25, dated 3-17-11, indicated the following: cognitive skills for daily decision making- severely impaired, bed mobility- total dependence of two people, transfer- total dependence of two people, walk in room- did</p>				<p>C) Nursing staff were in-serviced on the above procedure.4. The DON or designee will conduct peri-care observations (See attachment C) on 3 residents five (5) times weekly for four weeks, then weekly for 4 weeks, then monthly for 2 months then quarterly thereafter. The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of action adjusted accordingly.5. The above corrective measures will be completed on or before April 8, 2011.</p>		

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	<p>not occur, dressing- total dependence of two people, eating- total dependence of one person, toilet use- total dependence of two people, personal hygiene- total dependence of one person, urinary and bowel continence- always incontinent and infections- urinary tract infection in the last 30 days.</p> <p>The care plan for Resident #25, dated 3-3-11, indicated the resident was incontinent of bladder due to severe cognitive impairment and is at risk for rash, skin breakdown, social isolation and infection. The interventions included, but were not limited to, provide peri care every shift and as needed.</p> <p>During observation on 4-5-11</p>						

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	at 9:50 a.m., CNA #1 and CNA #2 transferred Resident #25 from the geri chair to the bed using an Hoyer lift. CNA #1 and CNA #2 washed their hands and put gloves on, got a wash basin with water and baby soap. CNA #1 indicated they wash Resident #25 with baby soap because the resident's skin was very sensitive. CNA #1 began cleaning the resident's labia from front to back and then washed the creases between the resident's thighs with soap and water. The resident had soft brown stool between the creases of the thighs. CNA #1 then began drying the resident off. When queried if the baby soap being used required rinsing CNA #1 picked up the baby soap and indicated that it did need to be rinsed off. CNA						

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	<p>#1 then rinsed the resident off and patted the resident dry. CNA #1 and CNA#2 turned the resident on to the left side and CNA #1 began cleaning the resident's anal area, the resident had a large amount of brown soft stool and continued to have a bowel movement during the care. It was observed the resident had a pink open area the size of a dime and small pink pin point open area on the left buttocks. CNA #1 continuously ran the soapy washcloth from the resident's anus over the two open areas with same washcloths. CNA #1 then rinsed the resident's anal area and open areas off with same washcloth and patted the resident dry. During incontinence care, CNA #1 did not change the water basin, wash her hands or change</p>						

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	<p>gloves. The Wound Care Nurse came into Resident #25's bedroom at 10:15 a.m., and indicated she would have the resident's nurse come down and apply Calmoseptine ointment on the resident.</p> <p>Interview with the Wound Care Nurse on 4-5-11 at 10:25 a.m., indicated RN #3 was coming down to clean the wound and put the Calmoseptine ointment on.</p> <p>During observation on 4-5-11 at 10:25 a.m., RN #3 and CNA #4 came into Resident #25's room, the Wound Care Nurse remained in the room during the care. RN #3 washed her hands and put on gloves. CNA #4 put on gloves. RN #3 indicated the resident had urinated and went into the</p>						

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	bathroom and wet several wash cloths. RN #3 began wiping the resident's vagina area with the wet wash cloths and placing the used wash cloths on the resident's bedside table. RN #3 and CNA #4 then assisted the resident to the left side and RN #3 then began wiping the resident's anal area and pressure areas with the wet wash cloths. The resident continued to have soft brown stool during the care. RN #3 placed the soiled washcloths on the resident's bedside table. When queried why soap and water was not being used to clean the resident, RN #3 indicated she was going to use the Carraklenz Dermal Cleaner to clean the resident's bottom and was trying to get the bowel movement cleaned up first. RN #3 picked up Carraklenz						

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	<p>Dermal Cleaner then began wiping the resident's bottom and pressure area with 4 x 4 gauze with the Carraklenz Dermal Cleaner. RN #3 then picked up the Calmoseptine ointment and applied the ointment to the open areas with a 4 x 4 gauze. When queried about the resident using a special soap for sensitive skin, the Wound Nurse went and got wet wash cloths and the resident's baby soap and handed them to RN #3. RN #3 did not wash her hands or change gloves during this care observation.</p> <p>Interview with CNA #1 on 4-5-11 at 2:40 p.m., indicated she was aware that she had cleaned Resident #25's bottom and pressure areas with the same wash cloth. CNA #1</p>						

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	<p>indicated she knew she had done the care wrong. CNA #1 indicated she did feel like she was trained on how to clean a resident appropriately with a pressure area, but the situation with Resident #25 was difficult and she was trying to hold the resident to the side and clean the resident at the same time.</p> <p>The "PERINEAL CARE" policy provided by the Administrator on 4-6-11 at 9:30 a.m., indicated the purpose was "To cleanse the perineum for prevention of infection, irritation and to contribute to the resident's positive self-image. "Equipment may include washcloths, disposable wipes, peri wash, soap product, wash basin, gloves, bags for disposal of trash and linens (if needed)." The procedure</p>						

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	included, but were not limited to, "Fill basin with warm water, if applicable, and have resident check water temperature, apply gloves, remove disposable brief or pad, if applicable and place in trash bag, remove dirty gloves and apply clean pair, we and soap washcloth, wet and apply peri-wash to washcloth, obtain disposable wipe, wipe from front to back, change cloth or wipe as necessary, change water basin and use clean washcloth, use new wipe and rinse area thoroughly in the same direction as when washing, gently pat dry area in same direction as when washing, assist resident to turn onto side away from you, wet and soap washcloth or obtain wipe, clean anal area from front to back, rinse and pat dry thoroughly, place dirty lines in						

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F0323 SS=D	bag." 3.1-41(a)(2) The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview and record review, the facility failed to ensure resident's safety in regard to side rail use for 3 unoccupied resident's beds in 2 of 2 halls. This affected 3 of 60 facility beds. (Room #108, #115 and #210) Findings include:			F0323	F323 Accident Hazards/SupervisionThe facility will ensure this requirement is met through the following:1. No residents were harmed.2. All residents have the potential to be affected. Safety checks were conducted on all beds with rails to ensure they meet FDA recommendations and the three beds were removed from the facility. 3. The FDA recommendations were reviewed		04/08/2011

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	<p>The "Hospital Bed System Dimensional and Assessment Guidance to reduce entrapment-guidance for industry and FDA staff" issued March 10, 2006, indicates the FDA (Food and Drug Administration) recommends openings with the rail, between rail supports, under the rail, next to a single rail support and between the rail and mattress should be small enough to prevent the head from entering or being entrapped. "The Hospital Bed Safety Workgroup (HBSW) and the "International Electrotechnical Commission (IEC)" along with the FDA recommend the space be less than 4 3/4 inches.</p> <p>All beds in the facility were observed on 4/6/11 at 3:15 p.m., beds in room #108, #115 and #210 were the only beds in the facility with bed rails out of compliance.</p> <p>Observation on 4/6/11 at 3:45 p.m., with the Maintenance Director, the</p>				<p>with the administrator and maintenance supervisor to educate them on the requirements.4. The administrator or his designee will conduct rounds to ensure all rails meet FDA recommendations weekly for four weeks, then monthly times four months, then quarterly thereafter (See attachment E). The audits will be reviewed in the facility's quarterly quality assurance meetings and the plan of action will be adjusted accordingly.5. The above corrective measures will be completed on or before April 8, 2011.</p>		

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	<p>Maintenance Director indicated he measured the rectangular space in the side rails at the head of the bed where separated by vertical bar in room #115. The 1/2 side rails at the head of the bed measured 5 and 1/2 inches wide between the vertical bars. The space between the vertical bars in the middle section measured 7 and 1/4 inches. The space between the vertical bars of the lower section of the bed rail measured 7 and 1/4 inches and all sections measured 7 and 1/2 inches long. On the lower rails the rectangular space near the center of the bed rail measured 9 inches between the vertical bars. The middle section measured 7 and 1/4 inches between the vertical bars. The section at end of the bed rail measured 7 and 1/2 inches between the vertical bars and all sections measured 7 and 1/2 inches long. The Maintenance Director, also indicated Room #108 and #210 had identical side rails on them and these beds were to be used for a new admissions but he would take</p>						

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	the beds out of the rooms immediately. 3.1-45(a)(1)						
F0371	The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions						
SS=D	Based on observation and interview, the facility failed to maintain 1 of 1 dietary kitchen in a clean and sanitary environment; in that food items were not covered in			F0371	F371 Store/prepare/distribute/serve food under sanitary conditions The facility will ensure this requirement is met through the following: 1. No residents were harmed. The circular fan on the wall above the dishwasher was cleaned. The drink from the		04/11/2011

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	<p>the refrigerator, a partially full beverage was stored in the refrigerator and a fan was not clean located over the clean dishes potentially affecting 3 of 60 residents who received meals from the facility kitchen.</p> <p>Findings include:</p> <p>During the initial tour of the dietary department on 4/4/11 at 6:20 a.m., accompanied by the Dietary Manager the following were observed:</p> <ul style="list-style-type: none"> - On the wall directly above the clean dishes that come out of the dishwasher a circular fan had a greasy film and dust covering it. The fan was not running. - The refrigerator had a drink from a fast food restaurant with 1/2 full with a straw in it - The refrigerator had 3 glasses of milk and 3 glasses of orange juice all without a cover over them 				<p>fast food restaurant in the refrigerator was thrown away. The 3 glasses of milk and the 3 glasses of orange juice were thrown out and replaced with covered glasses of milk and orange juice.2. All residents have the potential to be affected. See below for corrective measures.</p> <p>3. Dietary staff were re-educated on the cleaning schedule and maintenance request for the fan to be cleaned. The dietary staff was also in-serviced about covering of drinks in the cooler and that no personal drinks are to be stored in the cooler The dietary manager or her designee will complete sanitation rounds daily monitoring different meal services (Monday through Friday) daily times four weeks, then twice weekly times four weeks, then once weekly thereafter to ensure continued compliance indefinitely, monitoring the cleanliness of the fan, storage of covered drinks in cooler, and no personal drinks in the coolers (See attachment F). 4. The audits will be reviewed in the facility's quarterly quality assurance meetings and issues will be addressed and the plan of action adjusted accordingly.5. The above corrective measures will be completed on or before April 11, 2011.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	Interview with the Dietary Manager on 4/4/11 at 6:35 a.m., indicated the fan was on their list of items that needed to be cleaned and an employee had left the drink in the refrigerator. 3.1-21(i)(3)						